

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/PCD
 AsOfDate 12/18/2012
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName

1099
 Accounting Period
 PurchaseOrder Invoice Number

Total Amount

Number	Line	Line#	Description	Fund	VendorName	Year	Month	PurchaseOrder Invoice Number	Total Amount			
00319250	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	12	0000096370	Adams, R. 12.10-	570.00
Total For Voucher											570.00	

MM

#0000000109

12.21.12

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Voucher ID: 00319250

Voucher Style: Regular

Invoice Number: Adams, R. 12.10-12.14.12

Invoice Date: 12/17/2012

Total: 570.00

Vendor: ADAMS, RICHARD B

RUIDOSO PUBLIC HEALTH OFFICE

RUIDOSO, NM 88345

*Pay Terms: Pay Now  [Schedule Payments](#)

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 Location: 001 *Address: 1 ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 570.00 USD

Discount: 0.00 USD  Discount Denied

Late Charge

Scheduled Due: 12/17/2012 

Net Due: 12/17/2012

Discount Due:

Accounting Date:

Find | View All | First  1 of 1 | Last  

Payment Method

*Bank: WFB10

*Account: B Pay Group: RE

*Method: ACH ACH *Netting: N 

Message:

Message will appear on remittance advice.

[Messages](#)

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 12.10-12.14.12
 Voucher ID: 00319250 Invoice Date: 12/17/2012
 Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
 Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

AGENCY

CODE	66500
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NUMBER

00319250

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information		Employee Name: Richard Adams	Position: CMO
Department ID and Fund: 6001001000	Post of Duty: Ruidoso	Telephone: 505-629-7496	Residence: Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information		<input checked="" type="checkbox"/> Check if state vehicle	<input type="checkbox"/> Check if personal vehicle	License #: GS1984	Model: Altima
Year: 2011	Make: Nissan				

Trip/Training Information		Please provide agendas, itineraries and any relevant documents.			
Course Name: Meeting with Staff in Santa Fe		<input checked="" type="checkbox"/> Check if training is required			
<input checked="" type="checkbox"/> Check if Continuing Education credits will be granted					

Travel Information		Date of Request: 12/07/12	Destination: Santa Fe
Departure Date: (month/day/yr) 12/10/12	Time: 06:00 AM	Return Date: (month/day/yr) 12/14/12	Time: 06:00 PM

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration - Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration - Vendor		Santa Fe Only: 4 @ \$135/day	\$ 540.00
549600: Airline Cost - Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost - Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile		Total reimbursement to employee	\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 570.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Employee Signature Richard Adams Date 12/10/12

Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator (As per specific division requirements) _____ Date _____

Cabinet Secretary Signature [Signature] Date 12/11/12
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)